



South Carolina Department of Labor, Licensing and Regulation

South Carolina Athletic Commission

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4571 • Fax: 803-896-4350

www.llr.state.sc.us/POL/Athletic/



FOR COMMISSION USE ONLY

State Permit # _____

PERMIT APPLICATION

The permit fee is non-refundable and non-transferable. The completed application must be received in the State Athletic Commission's office two weeks prior to the scheduled date of the event.

PERMIT FEES/TYPE:

Submit a check or money order payable to the S.C. Athletic Commission

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\$300 Mixed Martial Art

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\$150 Boxing

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\$150 Kick Boxing

\$150 Off the Street Boxing

EVENT INFORMATION:

Name of Event: _____

Location: _____
Provide Full Street Address

Date: _____ Time: _____ Number of Bouts: _____

Sponsoring Organization: _____

Sponsor Address: _____

Promoter's Name: _____ SC License #: _____
(Corporation, Partnership or Individual)

Home Address of Promoter/Principal: _____

Mailing Address of Promoter/Principal: _____
(If different than above)

Have you read and do you understand the South Carolina State Athletic Commission's Law and the Rules, Regulations and Guidelines? YES NO

I, the undersigned, do hereby release, acquit and forever discharge the South Carolina Department of Labor, Licensing and Regulation, the State of South Carolina Athletic Commission, any staff or Commission Designee from any and all causes of action, claim costs of any nature and kind whatsoever regarding personal injury, property damage or economic loss which I may incur resulting from the issuance of this license or being the result of my participation in events.

I, the undersigned, do hereby admit and accept all responsibilities whatsoever for any and all types of claim or claims to include personal injury, accidental death(s), guarantee of purses, and/or personal property damage which I may incur for the promotion of this permitted event.

I further understand that I am responsible to the Commission for five percent (5%) of the total gate or ticket sales of this permitted event. (Statute Section 40-81-360(a))

I swear (or affirm) I have read and understand this application. All of the answers given are my own and are true to the best of my knowledge. I understand that providing false or misleading information on this application may result in criminal prosecution.

Applicant's Signature

Applicant's Printed Name

Applicant's Title

Date

NOTARY PUBLIC

Sworn and subscribed to before me this _____ day of _____, 20_____

Signature of Notary
Notary for the State of: _____

My Commission Expires: ____/____/____

Printed Name of Notary